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THE URBAN DISTRICT OF DISS

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1963.

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DISS URBAN DISTRICT COUNCIL

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1963.

Mr. Chairman, Miss Oakes and Gentlemen,

I have the honour to present this Report for the year ending 31st December 1963.

INTRODUCTION

Your present Medical Officer did not take office until the beginning of 1964 and it would therefore be inappropriate to set down any lengthy dissertation on matters of opinion, as is the custom of medical officers of health in introducing annual reports. Nevertheless, it may be relevant to say something about the way in which the health and sanitary circumstances of both the District and the Nation in general have appeared to one who has very recently returned from service in an under-developed country.

Clearly the state of health has been most excellent, as will be apparent from the appended statistics. The infant's chance of a lengthy and healthy life has continued to improve and the provisional national infant mortality rate of 20.9 infant deaths per 1,000 live births was the lowest ever recorded. This contrasts with 150 infant deaths in the England and Wales of 1901 and with 250 in parts of East Africa at the present time. Concern with the state of the public health was one of Britain's many "firsts" and a system of public health administration was developed around the middle of the last century, the first medical officer of health being appointed in 1848. Environmental control has continued since and (due also to the various immunisation procedures and the discovery of antibiotics) the infectious diseases no longer present a threat by previous standards. And so the community appears healthy and the medical officers of health seem nearly to have worked themselves out of a job!

But the community is in fact not nearly as healthy as it should and could be. There is no doubt that the future will see very considerable advance in prevention of the non-infectious diseases which are at present responsible for a vast amount of ill-health, suffering and death, often at a time of life when an individual is in his prime as a productive member of society. The most important of these disorders are coronary artery disease, chronic bronchitis and cancer and although it is probable that many factors are involved in the causation of all three, it will be surprising if environmental error is not of great importance in most, if not all, cases. No one would imagine that man was created or evolved to lead the modern life of subjection to mental stress, to artificial foods, to over feeding, to polluted atmosphere and to inadequate exercise. It will be for the public health doctors, more than others, to determine the environmental factors that now lead to so much misery. It is to be hoped, however, that having determined them, the public will take heed. The most important factor in causing lung cancer has been known for several years and yet cigarette sales have been unaffected.

The continuing popularity of the cigarette habit represents a total failure of health education. It is quite inconceivable that any infectious disease would be allowed to continue to kill more than twenty-five thousand persons a year in this country without an all out attack being launched on the cause of the infection. There is no difficulty in accepting the concept of an invading germ that has to be fought by all possible means, but the acceptance of disease caused by a personal indulgence is not easy. It implies a criticism of oneself rather than of forces outside one's own responsibility and since self-criticism is unpalatable it leads most smokers to refuse to accept the evidence. However, the evidence is at least as sound as that which led to the immobilization of the Broad Street water pump in 1854 and to the rapidly consequent end of the cholera epidemic. Action was then taken without "courtroom" proof and the action soon provided the proof. Unfortunately, there will always be found some expert to say what it is convenient to hear; the smoking problem, fluoridation of drinking water, smallpox vaccination have all suffered in this way.

Although having commented that the battle against infectious disease has been successful, there nevertheless exists a degree of unjustified complacency. The acceptance of smallpox vaccination, despite improvement in 1963, is unsatisfactory and the vaccination state is now such as to offer no great impediment to an outbreak. Triple vaccine (diphtheria/whooping cough/tetanus) is more popular but the population is not adequately protected against diphtheria and it may be that there will be cause to regret this in the future. Even with the relatively new poliomyelitis vaccine, for which the public showed such early enthusiasm, the proportion of protected women in their early child-bearing years (a group at special risk) is not as high as it should be.

Housing, food hygiene, the provision of sound water and the disposal of sewage are all of high and generally satisfactory standard but, once more, complacency must be resisted. Standards of hygiene in our food shops have improved greatly in recent years but much remains to be done. Some proprietors have lagged behind in providing modern fittings and so made it difficult for the most zealous assistant to practice good food hygiene whilst others have modernised their premises and yet failed to instruct and supervise their staff in food handling manners. In either case the most immediate and effective remedy lies with the customers but the public consciousness of the importance of sound food hygiene is not yet adequately developed.

LOCAL HEALTH SERVICES AND YOUR MEDICAL OFFICER OF HEALTH

I have several times encountered misunderstanding about the organisation of local health services and this seems a good opportunity of outlining the position.

District Councils are local sanitary authorities under the Public Health Acts and are thus responsible for many aspects of environmental hygiene such as housing, food hygiene, the disposal of sewage and refuse, the provision of a sound water supply, the investigation of smoke and other nuisances and the control of infectious diseases. To this end the Authority is required to appoint a Medical Officer of Health who may be part-time.

The District Council, however, has no responsibility under the National Health Service Act and under this Act the County Council is the local health authority responsible for maternal and child welfare, and for the provision of a domiciliary midwifery, home nursing, health visiting and home help service. The County is also responsible for immunisation and ambulance services and for the non-medical care of persons sick or convalescent in their homes. The County also provides welfare services under the National Assistance Act and a School Health Service (which includes dental care) under the Education Acts.

Diss is grouped with Loddon and Depwade Rural and Wymondham Urban Districts to form Area 5 of the Norfolk County Council. Your Medical Officer of Health is also Medical Officer of Health to the other three Districts and he is an Assistant County Medical Officer responsible to the County Medical Officer for Area 5 as well as School Medical Officer, Area 5, responsible to the Principal School Medical Officer.

STAFF

Dr. W.E. Holmes continued as Medical Officer of Health until his retirement in November 1963, having served your Council for some 10 years. Dr. G.R. Holtby acted for the remainder of the year.

Mr. D. Newson served as Public Health Inspector throughout the year.

VITAL STATISTICS

(a) General

As is the custom, a number of statistical rates have been calculated from the available data and these may be compared with the corresponding rates for England and Wales. Where somewhat larger numbers are involved, as in calculating birth and death rates, such comparisons have some validity, but where numbers are small, such as in the infant mortality or still birth rates, comparison with the national figures may be misleading.

The crude birth and death rates have been adjusted by use of a Comparability Factor which compensates for deviation in the age and sex composition of the population as compared with that of England and Wales. The adjusted rates may thus be compared fairly not only with national rates but with those of other districts.

(b) Population

The Registrar-General estimated the mid-year population of Diss Urban District in 1963 at 3,720 compared with 3,660 in 1962.

(c) Births

There were 56 live births in 1963; 30 boys and 26 girls. The crude birth rate (live births per 1,000 population) was therefore 15.1 (21.6 in 1962) and, when adjusted by the Comparability Factor, 16.4. This compares with a provisional rate for England and Wales of 18.2 live births per 1,000 population.

There were 2 illegitimate live births compared with 5 in 1962 and 3 in 1961.

(d) Still Births

Two were recorded, both girls, The still birth rate was therefore 34.5 still births per 1,000 total births whilst the provisional England and Wales figure was 17.3.

(e) Infant Mortality

The National infant mortality experience in 1963 was the most satisfactory ever recorded with a provisional infant mortality rate of 20.9 deaths of infants under one year per 1,000 live births. Diss suffered one death which gave a rate of 17.9. This reflects credit on the maternal and child care services and on the mothers of the district but it will be realised that it may often be fortuitous whether an embryo with serious congenital malformation dies in utero and is registered as a still birth or succumbs soon after birth and is accounted an infant death. Advance in the prevention of congenital malformation has not matched advance in other aspects of maternal and child care and it is for this reason that only limited improvement has been made in the last few years in the infant mortality and still birth rates. One of the still births was, in fact, due to a congenital defect.

(f) Deaths

Deaths numbered 32 in 1963 compared with 48 in the previous year. The crude death rate was therefore 8.6 deaths per 1,000 population and the adjusted rate was 7.5. This latter compares favourably with an England and Wales provisional rate of 12.2 deaths per 1,000 home population.

The causes of death are listed in Table 11 - they follow the usual pattern. Of the 32 deaths, 15 occurred over the age of 75 years, a proportion of 47%, but 8 (2 men and 6 women) occurred in the age group 45 to 65 years and this cannot be regarded as satisfactory. In the introduction to this report it was suggested that the modern environment had promoted an increase in certain non-infectious diseases as surely as the insanitary environment of the past promoted the high incidence of infectious disease then experienced. Of the 8 premature deaths, half were caused by cancer.

It is gratifying to report that there was no accidental death in 1963.

COMMUNICABLE DISEASES

One hundred and three cases of infectious diseases (excluding tuberculosis) were notified by medical practitioners in 1963, a figure which contrasts with the 5 cases of 1962. This does not, however, represent a setback in the public health fortunes of Diss, since 95 were cases of measles. It was evident that a large number of susceptible children had accumulated due to the measles-free year of 1962.

There was one case of scarlet fever as in the previous year. Opinion is divided as to the importance of this disease at the present time and it is often treated with complete unconcern. However, whilst the initial illness is usually very mild, there is no shortage of reports of rheumatic or nephritic complications in the patient or in contacts. Policy in Area 5 has been to swab scarlet fever contacts for streptococcal infection but not to exclude contacts from school unless a positive swab is received.

No case of food poisoning nor of dysentery was notified for the second consecutive year. This is most satisfactory and may represent a conjunction of excellent personal hygiene in Diss and good luck.

One case of tuberculosis was notified in the year, being a pulmonary infection in a man of 29 years of age. In the last decade the incidence of this disease has been most dramatically reduced and this has been due to a marked improvement in the standard of living of the people and in their environmental sanitation, as well as to the introduction of drugs capable of destroying the tubercle bacillus. It is not entirely satisfactory, however, that the few new cases continue to arise since the eradication of tuberculosis seemed at one time to be within reach.

HOUSING, WATER SUPPLIES AND SEWAGE DISPOSAL

These matters are fully dealt with in the appended Report of the Public Health Inspector. Since the writer was not appointed until 1964 it is not proposed to add to that report except to amplify the reference to contamination of a sector of the mains water which occurred in October 1963.

Coliform bacilli were found in water samples taken from two points in the sector but samples taken at the treatment plant were always satisfactory. The supply was treated with excess chlorine and subsequent samples have all been satisfactory. The incident was probably related to the laying of a length of new main.

HEALTH EDUCATION

It will be recalled that my predecessor made a case in his Report for 1962 that District Councils might take positive action in promoting health education, and this was later followed up by the preparation of an outline plan in which the somewhat nebulous subject of health education was given real substance. The various aspects of the subject were set out, and each was accompanied by a practical guide to action. Your Public Health Committee considered the plan and decided to defer action to a later date.

Dr. Holmes contributed two articles on health education, one to the Rural District Review and the other to the Quarterly News Bulletin of the Central Council for Health Education. He also addressed that Council's Study Day in November 1963.

CONCLUSION

I have no doubt that my predecessor would wish me to conclude this Report by thanking the Chairman of the Council and the Chairman and members of the Public Health Committee for their support of his work throughout the year.

He would also wish me to acknowledge thankfully the ready co-operation of the Clerk of the Council and the Public Health Inspector as well as other members of the staff both at Diss and at the Norwich office.

I have the honour to be,

Your obedient servant,

D.F. HADMAN.

Local Health Office,
Aspland Road,
Riverside Road,
NORWICH,
Norfolk,
NOR 19S.

DISS URBAN DISTRICT - 1963.

Table 1. GENERAL STATISTICS

Area (in acres) (including water)	3,674
Estimated Resident Population	3,720
Rateable Value	£131,143
Sum produced by a Penny Rate	£545

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	28	26	54
Illegitimate	2	-	2
Totals	30	26	56

Live Birth Rate per 1,000 of estimated resident population = 15.1

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	-	2	2
Illegitimate	-	-	-
Totals	-	2	2

Still Birth Rate per 1,000 total births = 34.5

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	30	26	56
Still	-	2	2
Totals	30	28	58

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-
Totals	-	1	1

Infant Mortality Rates:
Total = 17.9 (per 1,000 live births)
Legitimate = 18.5 (per 1,000 legitimate births)
Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 17.9

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate (per 1,000 live births) = 17.9

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	-	3	3
Illegitimate	-	-	-

Perinatal Mortality Rate (per 1,000 total births) = 51.7

Table 6. ILLEGITIMATE BIRTHS

Males = 2
Females = 0
Total = 2 = 3.4% of total live births.

Table 7. MATERNAL DEATHS (Including abortion) = Nil

Maternal Mortality Rate (per 1,000 total births) = 0.0

Table 8. DEATHS (All ages)

Males	Females	Totals
13	19	32

Crude Death Rate (per 1,000 of estimated Resident Population) = 8.6

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

Cause	Males	Females	Total
Cerebral haemorrhage	-	1	1
Totals	-	1	1

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR (ACCORDING TO AGE GROUPS)

	Males	Females	Total
Under 4 weeks	-	1	1
4 wks. and under 1 yr.	-	-	-
1 and under 5	-	-	-
5 " " 10	-	-	-
15 " " 25	-	-	-
25 " " 35	-	-	-
35 " " 45	-	-	-
45 " " 55	-	2	2
55 " " 65	2	4	6
65 " " 75	6	2	8
75 and over	5	10	15
Totals	13	19	32

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
10. Malignant neoplasm, stomach.	-	1	1
11. Malignant neoplasm, lung, bronchus.	1	-	1
12. Malignant neoplasm, breast.	-	3	3
13. Malignant neoplasm, uterus.	-	-	-
14. Other malignant and lymphatic neoplasms.	2	4	6
15. Leukemia, Aleukemia.	-	-	-
16. Diabetes.	-	-	-
17. Vascular lesions of nervous system.	1	2	3
18. Coronary disease, angina.	2	1	3
19. Hypertension with heart disease.	-	-	-
20. Other heart diseases.	1	2	3
21. Other circulatory diseases.	1	1	2
22. Influenza.	1	-	1
23. Pneumonia.	-	-	-
24. Bronchitis.	3	-	3
25. Other diseases of respiratory system.	1	1	2
26. Ulcer of stomach and duodenum.	-	-	-
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	-	-	-
29. Hyperplasia of prostate.	-	-	-
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	-	-	-
32. Other defined and ill-defined diseases.	-	4	4
33. Motor vehicle accidents.	-	-	-
34. All other accidents.	-	-	-
35. Suicide.	-	-	-
36. Homicide and operations of War.	-	-	-
Totals	13	19	32

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1957	1958	1959	1960	1961	1962	1963
Live Births (per 1,000 pop)	(64)	(68)	(69)	(56)	(57)	(79)	(56)
Diss U.D.	17.8	18.7	19.1	15.4	15.8	21.6	15.1
Area 5.	13.3	14.9	13.7	14.1	14.2	13.9	15.2
England & Wales (provisional)	16.1	16.4	16.5	17.1	17.4	18.0	18.2
Still Births (per 1,000 total births)	(1)	(Nil)	(1)	(2)	(2)	(Nil)	(2)
Diss U.D.	15.4	0.0	14.3	34.5	33.9	0.0	34.5
Area 5.	22.0	9.9	19.9	20.7	8.9	21.4	29.1
England & Wales (provisional)	22.4	21.6	20.7	19.7	18.7	18.1	17.3
Crude Deaths (per 1,000 pop)	(42)	(45)	(48)	(38)	(45)	(48)	(32)
Diss U.D.	11.7	12.5	13.3	10.5	12.5	13.1	8.6
Area 5.	11.1	12.1	12.4	11.8	12.4	12.1	12.2
England & Wales (provisional)	11.5	11.7	11.6	11.5	12.0	11.9	12.2
Infant Mortality (per 1,000 live births)	(Nil)	(2)	(1)	(3)	(1)	(2)	(1)
Diss U.D.	0.0	29.4	14.5	53.6	17.5	25.3	17.9
Area 5.	15.0	8.3	25.4	14.1	9.0	14.5	11.6
England & Wales (provisional)	23.0	22.5	22.0	21.7	21.4	21.4	20.9

NOTE: 1. Figures in brackets are the actual numbers for Diss U.D.
2. Area 5 comprises Depwade and Loddon R.Ds. and Diss and Wymondham U.Ds.

Table 13. DEATHS DUE TO CANCER -- Diss U.D.

	1957	1958	1959	1960	1961	1962	1963
Number of deaths.	10	5	19	7	5	16	11
Percentage of total deaths.	23	11	39	18	11	33	34

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Diss U.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1963	13	3	1	19	8	-
1962	25	9	3	23	7	-
1961	27	3	2	18	2	-
1960	18	3	1	20	4	-
1959	30	11	5	18	8	-
Totals	113	29	12	98	29	-

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXLUDING TUBERCULOSIS) According to Age Groups - Diss U.D.

	Under 1	1 - 4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	-	1	-	-	-	1
Measles	2	37	54	2	-	95
Whooping Cough	-	7	-	-	-	7
Dysentery (Sonne)	-	-	-	-	-	-
Pneumonia	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-
Infective Jaundice	-	-	-	-	-	-
Totals	2	45	54	2	-	103

Table 16. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Diss U.D.

	1959	1960	1961	1962	1963
Scarlet Fever	1	-	-	1	1
Measles	5	1	140	1	95
Whooping Cough	-	-	-	3	7
Pneumonia	2	-	2	-	-
Erysipelas	-	-	-	-	-
Dysentery (Sonne)	-	-	5	-	-
Food Poisoning	-	-	-	-	-
Infective Jaundice	2	-	1	-	-
Puerperal Pyrexia	1	-	1	-	-
Totals	11	1	149	5	103

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS Diss U.D.

		1959	1960	1961	1962	1963
Pulmonary						
	Male	-	1	-	-	1
	Female	-	-	1	-	-
Non-Pulmonary						
	Male	-	-	-	-	-
	Female	-	-	-	-	-
Diss U.D.	Total	-	1	1	-	1
Area 5.	Total	7	13	12	8	6

Table 18. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area5.

Year	Primary Injections			Booster Injections	
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14
1963	244	547	97	94	861
1962	155	448	28	48	304
1961	295	598	157	89	766
1960	377	472	314	27	1,233
1959	312	466	23	20	74

Table 19. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Diss U.D.					Area 5.				
	1959	1960	1961	1962	1963	1959	1960	1961	1962	1963
Number of live births registered.	62	56	57	79	56	551	567	556	550	601
Number of vaccinations recorded (0-4 years).	63	47	62	33	45	472	508	458	420	222
Percentage vaccinated.	100	84	100	42	80	86	89	82	76	37

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and boosters given in Area 5 since the scheme commenced. Table A shows the numbers immunised with the Salk vaccine (by injection) and Table B those given the Sabin vaccine (Oral) which became generally available in mid-1962.

(A) Salk:

Year	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	Age 5-12
1963	31	4	26	42	6	31	-
1962	234	37	151	294	115	914	27
1961	601	535	2068	427	228	824	3017
1960	397	227	853	660	566	1636	-
1959	593	677	2220	1377	3261	864	-
1958	1648	3159	154	32	1284	2	-
1957	197	1115	-	-	-	-	-
1956	40	121	-	-	-	-	-

(B) Sabin:

Year	Primary			Booster (3rd - after 2 Salk)			Booster (4th)	
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	School Age	Others
1963	424	22	15	66	2	-	483	-
1962	197	131	1359	230	312	1077	426	-

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough primary immunisations recorded in Area 5 during the last five years.

Year	Under 1	Age 1-4	Age 5-14	Totals
1963	244	301	5	550
1962	149	291	12	452
1961	291	300	26	617
1960	368	100	124	592
1959	318	227	16	561

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last five years. Immunisation against this disease was included in the County Council's scheme in September 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1963	242	306	504	219	100	284	44
1962	152	312	725	399	50	103	37
1961	282	329	1651	580	73	80	63
1960	374	198	1823	691	22	56	87
1959	307	258	218	144	11	27	39

Table 23. B.C.G. VACCINATION

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations in Area 5 in the last five years is recorded.

Year	Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
1963	472	97	352
1962	586	146	434
1961	426	104	303
1960	544	91	429
1959	467	98	364

THE ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1963.

Mr. Chairman, Miss Oakes, and Gentlemen,

I submit for your information my Annual Report on the working of the Public Health Inspector in the Diss U.D.C. area in 1963.

I would thank the Chairman and Members of the Health Committee for their interest and co-operation during the year, and to express my appreciation for the assistance given by Mr. C.R. Williamson and the office staff.

I would also like to add a personal word of appreciation for the kindness and assistance given me by Dr. W.E. Holmes (Medical Officer of Health) who retired towards the end of the year.

D. Newson.

Public Health Inspector.

REFUSE COLLECTION AND DISPOSAL

The weekly collection service which is provided for 95% of the district has been maintained whilst the Walcot Green and Heywood areas have had a collection at fortnightly and monthly intervals respectively.

The amount of refuse increases in volume each year. A certain increase is, of course, due to extra properties being built but the amount of refuse to be collected increases even disregarding new building. More food is being prepacked than ever before, less combustible waste is burned in the home, salvage (of paper particularly) is rarely undertaken, and, with the shops, very few goods are sent in returnable containers. All these factors add to the volume of refuse to be collected by the Council. It may be of interest to members to learn that in the last quarter of the year 208 lorry loads of refuse were collected as against a total of 157 loads in the corresponding quarter of 1961 - an increase of over 30%. In the same period the increase in the number of premises to be collected from was approximately 3%.

The problem of tipping sites reached a climax during 1963. Owing to small sites on farmlands being not available due to a combination of circumstances, the site off Fair Green had to be used even in the summer months. This resulted in a number of complaints being made and was, perhaps, the culminating factor in your Council deciding to acquire a suitable site sufficient to last a number of years. With the kind co-operation of a land owner, a site was obtained and with preparation of the site in progress it is hoped that 1964 will see an end to the need for using tipping sites which are too near houses for the occupiers comfort.

HOUSING

(a) New Housing Accommodation

By July, 1963, the building of the second phase of the Council's Skelton Road estate had been completed - thus providing a further 12 houses and 12 maisonettes. By the end of the year plans had been agreed for the next phase of this development which will provide a further 109 dwellings within the next two years or so.

During the year 19 private dwellings were completed and occupied.

(b) Council House Applicants

During the year 33 families were rehoused into Council accommodation (including one into a bungalow in the old persons scheme) whilst a further 105 new applications were added to the list of those desirous of obtaining Council accommodation in Diss. The number of new applicants seems to increase each year and in spite of continued building by the Council, the waiting list grows longer. Privately-owned rented accommodation gets increasingly more difficult to find and, at present, there are few properties available for purchase. These factors leave the majority of young couples little option but to hope that the Council will be able to offer them a house or flat. It seems that more families from the surrounding villages want to live in Diss near to their work, or to enjoy the "advantages" of town life. The number of people that one sees in the course of year who are searching for almost anything in the way of a house makes one wonder how many years it will be before the Council housing application list gets really short.

(c) Unfit Properties

During the year 23 unfit houses were dealt with under the provisions of the Housing Act, 1957, and Closing or Demolition Orders made in respect of these properties.

From houses subject to such orders eleven families (total of 31 persons) were rehoused during the year. It is perhaps worthy of note that in the last two years one-third of all available council housing accommodation has been given to persons living in condemned houses.

It might be interesting to review the progress made in dealing with unfit properties in Diss since 1945.

Up to 31st December 1954 = 11
1955 = 15
1956 = 5
1957 = Nil
1958 = 5
1959 = 16
1960 = 19
1961 = 6
1962 = 12
1963 = 23

Of the list of unfit properties prepared and submitted to the Ministry of Housing and Local Government in early 1961 the position is:-

No. of unfit properties estimated to be dealt with by end of 1965 = 110.
No. dealt with up to end of 1963 = 43
No. of properties repaired and which can be excluded = 16
No. remaining = 51

(d) Improvement Grants

During the year a further seven applications were approved for Standard Improvement Grants bringing the total number of such grants approved to sixty four. Eight properties approved for grants had the works completed during the year and payments of £1,008.3.9d. were made. The total amount of money paid out in Standard Improvement Grants has now reached £5,711.5.10d. for 51 properties improved.

In the early part of the year letters were sent to the owners of approximately 300 suitable, older properties giving them information about grants towards modernising their houses. The only response was from one owner who called to inform me he was no longer the owner of the particular property. It does seem the time has now been reached when the Ministry should give some thought to compulsory steps being introduced to enforce the modernisation of suitable, older properties. Very few owners of rented houses are prepared to improve their properties, even with the assistance of grants but prefer to sell them when vacant possession is obtained.

SLAUGHTERING FACILITIES AND MEAT INSPECTION

If the number of animals slaughtered in 1963 is any guide, then the owner's expenditure in 1962 on the modernisation of the Chapel Street slaughterhouse has been fully justified. The throughput in 1963 reached the highest level since the lifting of slaughtering facilities in 1954. There has been in 1963 an increase of 50% on the number of animals slaughtered in Diss in 1959.

The total number of animals slaughtered is seen from the comparative table for the last three years.

Year	Cattle	Pigs	Sheep	Calves	Totals
1963	1062	1205	403	3	2673
1962	642	754	361	4	1761
1961	917	937	351	2	2207

The figures for 1962 are for approximately eight months only as the slaughterhouse was closed from January to April.

Meat and offal condemned during the year amounted to 8 cwts. 92 lbs.

No evidence of tuberculosis was found in cattle and only slight T.B. in 12 pigs out of the total of 1205 passing through the slaughterhouse. Only two carcases (1 pig and 1 calf) had to be completely condemned as unfit for consumption. The meat and offal condemned was due to bacterial diseases, parasitic infections, injury, bruising etc.

The structural repair and general cleanliness of the slaughterhouse are maintained at a very satisfactory level.

On 1st October the Meat Inspection Regulations, 1963, came into force. The main effect of these was to:-

(a) permit local authorities to charge for meat inspection;

(b) to require slaughterhouse proprietors to state their regular hours of slaughter;

(c) to require that all carcases and offal are inspected within six hours of slaughter;

(d) to require all carcases to be stamped as having been passed fit for consumption; and

(e) to lay down a new and slightly more comprehensive system of meat inspection.

Your Council decided that charges for meat inspection should be made and agreed terms with the slaughterhouse owner in this respect. The owner's "regular hours of slaughter" were accepted by the Council and it was felt that, considering all parties concerned, these hours were quite reasonable. It is extremely rare for any slaughtering to be done at weekends and generally there is only one day per week on which slaughtering takes place after 6.00 p.m.

FOOD PREMISES

As you will see in the "Summary of Visits" section, 130 visits were made to food premises in the town. Seven informal notices were served under the provision of the Food Hygiene (General) Regulations requiring the remedying of structural defects in food shops.

The food premises of the town are kept in a reasonable state of repair and cleanliness, although a few such premises do suffer the disadvantages of lack of space and modern layout.

The remarks which I made last year concerning too much open food being displayed without adequate protection in certain shops, still apply. This was undoubtedly the reason for complaint made of the sale of fly-blown bacon from one shop and which resulted in the firm concerned being given a strong warning as to any future complaints of a similar nature.

A further complaint made during the year concerned the condition of a certain packeted cereal product. This was found to be slightly mouldy and stale and upon investigation was found to be nearly two years old, whereas it should have been used within six months of being packed. This was in no way the fault of the local retailer and the matter was taken up with the manufacturer and his wholesalers.

The general public have the most potent weapon in their hands to combat the unprotected displaying of unwrapped foods such as cooked meats and meat products, but yet too many people are still prepared to buy from where most goods are on display. Perhaps we may one day get legislation which will make it an offence to display all foods of the meat and fish lines unless either pre-packed or kept in properly designed refrigerated cabinets.

There is still some carelessness in the handling of food and utensils, although from what I have observed in other towns the Diss food handlers are as careful as most.

RODENT CONTROL

The number of complaints received of infestations of rats and mice was appreciably higher than in 1962 but there were no large scale infestations in any area. One can generally estimate that in the late autumn complaints will be most numerous particularly where residential areas adjoin farm land and most of the complaints were received from such areas.

Test baiting of the town sewer system was carried out with the usual result - only slight infestation.

FACTORIES ACT, 1957

Forty visits were made to premises to which the Factories Act, 1957, applies. Two written notices were served requiring the cleansing and redecoration of sanitary accommodation and in both cases this was carried out.

SWIMMING POOL

Somewhat uncertain weather again kept the numbers using the pool rather low and this, combined with the mainly cool and dull weather, made it easier for the water to be kept in an excellent condition. Regular samples were sent for bacteriological examination and the reports showed no B coli present in any sample and "nil" plate counts except for the last sample submitted shortly before the season ended.

PUBLIC HEALTH ACT, 1936.

(a) Section 75. - Provision of Dustbins

A further 14 householders have taken advantage of the Council's hire scheme for dustbins, and replacement bins have been supplied at 12 properties.

(b) Section 83 - Filthy or Verminous Premises

It has been necessary to carry out only one disinfestation of houses during the year. This was following the death of an elderly person who had lived alone for many years. As far as Diss is concerned, the really dirty, verminous house is virtually a thing of the past. Occasionally may be found an untidy and somewhat dirty house, but it is unusual to find fleas, and bugs seem to have completely evacuated from Diss.

(c) Section 92 - Nuisances

The number of complaints made of nuisances of many sorts (real and imaginary) totalled 105. This is nearly double last years number but many of them were complaints concerning frozen water services in the early part of the year. The type of complaints investigated were:- nuisance from smoke (from both industrial chimneys and indiscriminate burning of rubbish); smell and flies caused by pigs, chickens etc.; obstructed drains; overflowing cesspools; blocked ditches; etc. It was not necessary to serve any formal notices to get these nuisances abated.

PRESCRIBED PARTICULARS REQUIRED BY

SECTION 128(3), FACTORIES ACT, 1937

Premises	Number on Register	Number of Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sects. 1,2,3,4 and 6 are to be enforced by the Local Authority	4	1	Nil	Nil
(ii) Factories not included in (i) in which Sect. 7 is enforced by the Local Authority	45	39	2	Nil
(iii) Other premises in which Sect. 7 is enforced by the Local Authority	5	Nil	Nil	Nil

SUMMARY OF VISITS MADE BY THE PUBLIC HEALTH INSPECTOR

(A) GENERAL

Complaints investigated	105
Visits re nuisances	124
Visits re insanitary conditions	16
Ditches, watercourses, etc	27
Accumulations of rubbish etc	11
Swimming Pool	10
Water Supplies	85
Factories	40
Public conveniences	10
Smoke nuisances	4
Game licences	3
Pet animals act licences	1
Petroleum regulations	16
Shops	8
Rodent control	186
Places of entertainment	1
Miscellaneous	42
Schools	13

(B) HOUSING

Visits under the Housing and Public Health Acts	102
Improvement Grants	73
Overcrowding	1
Caravans	46
Council houses - general inspections	16
Council houses - disrepairs	1245
Informal notices served	10
Formal notices served	Nil
Notices complied with	10

(C) INFECTIOUS DISEASES

Investigations	7

(D) VISITS TO FOOD PREMISES

Bakehouses	9
Grocers	18
Fish Shops	15
Ice cream manufacturers	3
Food manufacturing premises	24
Butchers shops	32
Cafes and restaurants	11
Market stalls and mobile food premises	18
Visits re unsound food	28
Informal notices under Food Hygiene Regulations	7

(E) MEAT INSPECTION

Visits to slaughterhouse	282

(F) DRAINAGE AND CONSERVANCY

Drains inspected and tested	130
Obstructed drains cleared	72
Drains found defective	15
Septic tanks and cesspools	23
Visits re pail closets	Nil

(G) REFUSE COLLECTION

Visits re collection and disposal	219

SEWERAGE, CONSERVANCY AND DRAINAGE

No major works of repair to, or extension of, main sewers were carried out by the Council during the year although the Frenze Road sewer was extended in conjunction with private development in that area.

The sewage works have continued to function satisfactorily throughout the year although the clearance of sewage sludge has again presented the Surveyor with difficulties. The total flow through the works for the year was 85 million gallons of which approximately 35 million gallons was rain water.

Samples of effluent from the works have been satisfactory.

The weekly emptying of pail closets has been satisfactorily carried out by the Council's contractors. The number of houses with pail closets is now 92 - the majority of them being in the areas where there are no public sewers available. The number of pail closets has been reduced from 154 in 1960 to the present figure, but there is unlikely to be any further rapid reduction until such time as sewer extensions, particularly in the Shelfanger Road area, can be carried out.

WATER SUPPLIES

During 1963 the new water tower was completed and brought into use and this should ensure adequate storage capacity (under normal working circumstances) for Diss for some years to come. The new distribution main from the waterworks to Victoria Road was also completed and brought into use to ensure an adequate supply to all parts of the town.

During the year the total water consumption (including the amount supplied to Depwade R.D.C.) rose to 107 million gallons - an increase of 14 million gallons over 1962.

January and February will be remembered for the prolonged, excessive cold spell when about 300 houses had their water service pipes frozen in the ground and the Council had to take water round the district by vehicle to keep people supplied.

For a short period during the year some bacterial contamination of mains supplies occurred in one area of the town, but apart from this isolated incident all samples submitted for bacteriological examination were found to be highly satisfactory.

A sample of water from borehole No. 4 was submitted to the Public Analyst who reported as overleaf (this sample was tested before any softening or chlorination treatment had been carried out).

Certificate of Analysis of Water

Sample received December, 1963 from Diss U.D.C.
Marked 400' bore No. 4 at Diss U.D.C. Waterworks.
Appearance when received Clear, with trace of yellow deposit.

Nature of Deposit - Iron compounds
Colour - Very faint yellow   Odour - Nil
Reaction Neutral - pH 7.1   Taste - Satisfactory

Result of Chemical Analysis in Parts Per Million

Ammoniacal nitrogen	0.01	Hardness as $CaCO_3$:-	
Albuminoid nitrogen	0.02	Total	500
Nitrate nitrogen	1.0	Carbonate (temp)	345
Nitrite nitrogen	nil	Non-carbonate (perm)	155
Chlorine as chlorides	54		
Oxygen absorbed (4 hr. 27°C)	0.35	Alkalinity as $CaCO_3$	345
		Free carbon dioxide	70
		Total solids (at 180°C)	700
		Iron (total	1.0
		Metals in solution	Absent

Opinion

This water is of very good organic quality and there is no chemical evidence of pollution. This water is very hard, the total hardness being about 35°Clark, and about 24° of this is temporary. Some reduction in the total hardness would be desirable.

This high degree of hardness is "balanced" by a high content of free carbonic acid, so that although the reaction of the water is neutral, it might be expected to have some corrosive action on metals unless the free carbonic acid content is reduced. The water also contains a trace of iron, which it would be desirable to remove before the water is used for general domestic purposes.

In our opinion, subject to these reservations, this water is fit for drinking and general purposes.

The question of fluoridation of water was considered by your Health Committee but was considered to be a matter upon which the Norfolk County Council had to decide. The County after full consideration of the matter decided against a policy of asking district councils to add fluorine to their water supplies.